

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00504530         </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gridiron Communications</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">           11 / 03 / 2016         </div>	
Mailing Address 3903 Portage Road, Suite C #262			Amount <div style="border: 1px solid black; padding: 2px;">           14030.08         </div>	
City South Bend	State IN	Zip Code 46628	<b>Transaction ID : 001</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">           10 / 31 / 2016         </div>	
Purpose of Expenditure Direct Mail		Category/ Type <div style="border: 1px solid black; padding: 2px;">           004         </div>		
Name of Federal Candidate Throne-Holst, Anna, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">           870467.65         </div>			Office Sought: <input checked="" type="checkbox"/> House    District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">           / /          </div>	
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px;">           / /          </div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">           / /          </div>	
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px;">           /          </div>		
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">           / /          </div>			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">           14030.08         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;">           / /          </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">           14030.08         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

11 / 04 / 2016

Signature